

<b>Case Number:</b>	CM14-0039962		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Geriatrics Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old man with a date of injury of 5/13/08. He was seen by his orthopedic consultant on 1/6/14 with complaints of right sided low back sharp pain and burning and decreased mobility of his right ankle. He additionally complained of left hand weakness and stiffness and clicking of the left knee. His exam showed he had difficulty raising from a seated position. Right straight leg raise was positive and he had limited right ankle and lumbar spine range of motion with end range pain. His weight was documented at 388lbs. The provider stated that there should be an evaluation for medically managed weight loss and possible surgical intervention for the patient's weight. A second request is made in the visit of 2/18/14. A note of 2/1/2/14 documents a height of 6'1". At issue in this review is the request for a medically managed weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Medically - managed weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; section: Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Spine J. 2011 Mar;11(3):197-204. Pilot evaluation of a multidisciplinary, medically supervised, nonsurgical weight loss program on the severity of low back pain in obese adults and 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society.

**Decision rationale:** This injured worker has a recent BMI calculated at 51kg/m<sup>2</sup> which is in the obesity range. A pilot prospective cohort study suggested that a 52 week multidisciplinary, supervised nonsurgical weight loss program in obese patients with low back pain improved pain and function. There is no documentation in the records of attempts at other past weight loss modalities or exercise programs. Additionally, per the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, healthcare providers should develop individualized weight loss plans that include three key components - a moderately reduced calorie diet, a program of increased physical activity and the use of behavioral strategies to help patients achieve and maintain a healthy body weight. The records also do not document a comprehensive weight loss plan or what the weight loss is targeting with regards to function or pain. The medical necessity of a medically supervised weight loss program is not substantiated in the records.